

Please type a plus sign (+) inside this box →

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	621P002c/p
First Named Inventor	Dennis M. Hilton
COMPLETE IF KNOWN	
Application Number	10 / 305,991
Filing Date	November 27, 2002
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FOAMED FIREPROOFING COMPOSITION AND METHOD

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) **November 27, 2002**

as United States Application Number or PCT International

(if applicable).

Application Number **10/305,991** and was amended on (MM/DD/YYYY) **_____**

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2] 6

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → []

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label OR Correspondence address below

Name Kevin S. Lemack

Address Nields & Lemack

Address 176 E. Main Street

City	Westboro	State	MA	ZIP	01581
Country	U.S.A.	Telephone	(508) 898-1818		Fax (508) 898-2020

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

A petition has been filed for this unsigned inventor

NAME OF SOLE OR FIRST INVENTOR :

Given Name (first and middle [if any])	Dennis M.	Family Name or Surname	Hilton
---	-----------	---------------------------	--------

Inventor's Signature	Dennis M. Hilton	Date	11/30/03
-------------------------	------------------	------	----------

Residence: City	Nashua	State	NH	Country	US	Citizenship	US
-----------------	--------	-------	----	---------	----	-------------	----

Mailing Address 4 Harvest Lane

Mailing Address

City	Nashua	State	NH	ZIP	03063	Country	US
------	--------	-------	----	-----	-------	---------	----

A petition has been filed for this unsigned inventor

NAME OF SECOND INVENTOR:

Given Name (first and middle [if any])	Michael D.	Family Name or Surname	Morgan
---	------------	---------------------------	--------

Inventor's Signature				Date
-------------------------	--	--	--	------

Residence: City	Billerica	State	MA	Country	US	Citizenship	US
-----------------	-----------	-------	----	---------	----	-------------	----

Mailing Address 8 Judy Street

City	Billerica	State	MA	ZIP	01821	Country	US
------	-----------	-------	----	-----	-------	---------	----

Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → +

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: Customer Number _____ OR Correspondence address below

Name Kevin S. Lemack

Address Nields & Lemack

Address 176 E. Main Street

City	Westboro	State	MA	ZIP	01581
Country	U.S.A.	Telephone	(508) 898-1818	Fax	(508) 898-2020

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

A petition has been filed for this unsigned inventor

NAME OF SOLE OR FIRST INVENTOR:

Given Name (first and middle [if any])	Dennis M.	Family Name or Surname	Hilton
---	-----------	---------------------------	--------

Inventor's Signature	Date
-------------------------	------

Residence: City	Nashua	State	NH	Country	US	Citizenship	US
-----------------	--------	-------	----	---------	----	-------------	----

Mailing Address 4 Harvest Lane

Mailing Address

City	Nashua	State	NH	ZIP	03063	Country	US
------	--------	-------	----	-----	-------	---------	----

A petition has been filed for this unsigned inventor

NAME OF SECOND INVENTOR:

Given Name (first and middle [if any])	Michael D.	Family Name or Surname	Morgan
---	------------	---------------------------	--------

Inventor's Signature	Michael D. Morgan	Date	1/29/03
-------------------------	-------------------	------	---------

Residence: City	Billerica	State	MA	Country	US	Citizenship	US
-----------------	-----------	-------	----	---------	----	-------------	----

Mailing Address 8 Judy Street

Mailing Address

City	Billerica	State	MA	ZIP	01821	Country	US
------	-----------	-------	----	-----	-------	---------	----

Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box → +

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 4**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Robert		Paul					
Inventor's Signature	<i>Robert N Paul</i>						1/23/03 Date
Residence: City	Maynard	State	MA	Country	US	Citizenship	US
Post Office Address	13 Taft Avenue						
Post Office Address							
City	Maynard	State	MA	ZIP	01754	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Karl D.		Taub					
Inventor's Signature							Date
Residence: City	Boxboro	State	MA	Country	US	Citizenship	US
Post Office Address	447 Littlefield Road						
Post Office Address							
City	Boxboro	State	MA	ZIP	01719	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Robert S.		Young					
Inventor's Signature							Date
Residence: City	Greenville	State	SC	Country	US	Citizenship	US
Post Office Address	137 Montague Drive						
Post Office Address							
City	Greenville	State	SC	ZIP	29617	Country	US

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

406

Please type a plus sign (+) inside this box →

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 4**

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Robert		Paul					
Inventor's Signature							Date
Residence: City	Maynard	State	MA	Country	US	Citizenship	US
Post Office Address	13 Taft Avenue						
Post Office Address							
City	Maynard	State	MA	ZIP	01754	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Karl D.		Taub					
Inventor's Signature	<i>Karl D. Taub</i>						<i>Jan 30, 2003</i> Date
Residence: City	Boxboro	State	MA	Country	US	Citizenship	US
Post Office Address	447 Littlefield Road						
Post Office Address							
City	Boxboro	State	MA	ZIP	01719	Country	US
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Robert S.		Young					
Inventor's Signature	<i>Robert S. Young</i>						<i>1/30/03</i> Date
Residence: City	Greenville	State	SC	Country	US	Citizenship	US
Post Office Address	137 Montague Drive						
Post Office Address							
City	Greenville	State	SC	ZIP	29617	Country	US

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → +

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
Page 4 of 4

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Ricky N.		Bastarache				
Inventor's Signature						Date 2/3/03
Residence: City	Fitchburg	State	MA	Country	US	Citizenship
Post Office Address	263 St. Joseph Avenue					
Post Office Address						
City	Fitchburg	State	MA	ZIP	01420	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature						Date
Residence: City		State		Country		Citizenship
Post Office Address						
Post Office Address						
City		State		ZIP		Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle [if any])		Family Name or Surname				
Inventor's Signature						Date
Residence: City		State		Country		Citizenship
Post Office Address						
Post Office Address						
City		State		ZIP		Country

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

L96

Please type a plus sign (+) inside this box

PTO/SB/81 (10-00)
Approved for use through 10/31/2002, OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/305,991
Filing Date	November 27, 2002
First Named Inventor	Dennis M. Hilton
Group Art Unit	
Examiner Name	
Attorney Docket Number	621P002c/p

I hereby appoint:

Practitioners at Customer Number

OR

Practitioner(s) named below:

Name	Registration Number
Kevin S. Lemack	32,579
Henry C. Nields	17,029

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Kevin S. Lemack				
Address	Nields & Lemack				
Address	176 E. Main Street				
City	Westboro	State	MA	Zip	01581
Country	U.S.A.				
Telephone	(508) 898-1818	Fax	(508) 898-2020		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Dennis M. Hilton	Michael D. Morgan
Signature	Dennis M. Hilton	Michael D. Morgan
Date	1/30/03	2/25/03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 3 forms are submitted.

Please type a plus sign (+) inside this box → **[+]**

PTO/SB/81 (10-00)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/305,991
Filing Date	November 27, 2002
First Named Inventor	Dennis M. Hilton
Group Art Unit	
Examiner Name	
Attorney Docket Number	621P002c/p

I hereby appoint:

Practitioners at Customer Number _____
OR
 Practitioner(s) named below:

Name	Registration Number
Kevin S. Lemack	32,579
Henry C. Nields	17,029

Place Customer-
Number Bar Code
Label here

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:
 The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Kevin S. Lemack			
Address	Nields & Lemack			
Address	176 E. Main Street			
City	Westboro	State	MA	Zip 01581
Country	U.S.A.			
Telephone	(508) 898-1818	Fax	(508) 898-2020	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Robert Paul	Karl D. Taub
Signature	<i>Robert M Paul</i>	
Date	1-23-03	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of 3 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box



Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/305,991
Filing Date	November 27, 2002
First Named Inventor	Dennis M. Hilton
Group Art Unit	
Examiner Name	
Attorney Docket Number	621P002c/p

I hereby appoint:

Practitioners at Customer Number _____
OR
 Practitioner(s) named below:

Place Customer-
Number Bar Code
Label here

Name	Registration Number
Kevin S. Lemack	32,579
Henry C. Nields	17,029

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:
 The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Kevin S. Lemack				
Address	Nields & Lemack				
Address	176 E. Main Street				
City	Westboro	State	MA	Zip	01581
Country	U.S.A.				
Telephone	(508) 898-1818		Fax	(508) 898-2020	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Karl D. Taub

Karl D. Taub
Dec 29, 2003

Name

Robert Paul

Signature

Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of 3 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

305

Please type a plus sign (+) inside this box



Approved for use through 10/31/2002, OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/305,991
Filing Date	November 27, 2002
First Named Inventor	Dennis M. Hilton
Group Art Unit	
Examiner Name	
Attorney Docket Number	621P002c/p

I hereby appoint:

Practitioners at Customer Number
OR
 Practitioner(s) named below:

Place Customer-
Number Bar Code
Label here

Name	Registration Number
Kevin S. Lemack	32,579
Henry C. Nields	17,029

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:
 The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Kevin S. Lemack			
Address	Nields & Lemack			
Address	176 E. Main Street			
City	Westboro	State	MA	Zip
Country	U.S.A.			01581
Telephone	(508) 898-1818	Fax	(508) 898-2020	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Robert S. Young	Ricky N. Bastarache
Signature		
Date	11/30/03	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.*

*Total of 3 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

4035

Please type a plus sign (+) inside this box →

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/305,991
Filing Date	November 27, 2002
First Named Inventor	Dennis M. Hilton
Group Art Unit	
Examiner Name	
Attorney Docket Number	621P002c/p

I hereby appoint:

Practitioners at Customer Number _____
OR
 Practitioner(s) named below:

Place Customer-
Number Bar Code
Label here

Name	Registration Number
Kevin S. Lemack	32,579
Henry C. Nields	17,029

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:
 The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Kevin S. Lemack			
Address	Nields & Lemack			
Address	176 E. Main Street			
City	Westboro	State	MA	Zip 01581
Country				
Telephone	(508) 898-1818	Fax	(508) 898-2020	

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Robert S. Young
Signature	Ricky N. Bastarache
Date	Kirby N. Bastarache

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.
 *Total of 3 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

5005